

On page 9, please replace the paragraph beginning on line 5 with the following:

Figure 3H is a plan, reverse perspective view of nubs on the inferior surface of a MTDS device.

On page 11, please replace the paragraph beginning on line 18 with the following:

Figure 13E is a view of cross-section 13E-13E from Figure 13B showing the cavities in the post.

On page 12, please replace the paragraph beginning on line 5 with the following:

Figure 17A is a view from perspective 17A-17A from Figure 13C of the post having a partial collar.

On page 12, please replace the paragraph beginning on line 13 with the following:

Figure 19B is a view of cross-section 19B-19B from Figure 18B showing the proximal cavity.

On page 13, please replace the paragraph beginning on line 12 with the following:

Figure 24D is a view of cross-section 24D-24D from Figure 24A.

On page 13, please replace the paragraph beginning on line 21 with the following:

Figure 28D is a view of cross-section 28D-28D from Figure 28A.

On page 14, please replace the paragraph beginning on line 7 with the following:

Figure 31B is a view of cross-section 31B-31B from Figure 31A showing an MTDS device and a side view of the support block.

On page 14, please replace the paragraph beginning on line 17 with the following:

Figure 32B is a view of cross-section 32B-32B from Figure 32A showing the MTDS device and a side view of the block assembly.

On page 18, please replace the paragraph beginning on line 16 with the following:

The MTDS device may also have attachment points both on its front side (305) and on a back side (307). As shown in Figures 3B and 3E, the front and back sides have attachment points. The attachment points on the front side (309) generally approximate tissue. The attachment points on the back side (307) are auxiliary attachment points that may comprise forms such as round nubs (306) or pointed nubs (308). The auxiliary attachment points may be used to secure or promote stable implantation of the device. Soft tissue may be gently pressed into open regions of the backing thereby helping to fix the device in place against both underlying and overlying tissue after the modulation or interlocking of skin. Figure 3H shows a reverse view of the nubs (310) on the back side of the device (312). The attachment points on a two-sided device are not limited to the combinations disclosed above, but may comprise any combination of the previously mentioned attachment point shapes and orientations.

On page 27, please replace the paragraph beginning on line 18 with the following:

As seen in Figure 13A, post (1304) may incorporate a distal channel or cavity (1306) which may extend partially into the post from the distal end or entirely through the post. This distal cavity (1306) may have a diameter which is smaller than the diameter of post (1304) and may be aligned along an axis defined by post (1304) or may extend at an angle within post (1304). The cross-section 13E-13E of Figure 13B is shown in Figure 13E and shows more clearly the orientation of distal cavity (1306) within post (1304) for this variation. Distal cavity (1306) may aid in reducing the amount of material used in the manufacture of the device, and is particularly useful in imparting a desirable degree of flexibility to post (1304) which may facilitate the insertion of post (1304) into the cranium.

On page 34, please replace the paragraph beginning on line 13 with the following:

Figure 17A shows perspective 17A-17A from Figure 13C of the distal end of post (1304). As shown, partial collar (1312) and front tab (1310) preferably comprises integral extensions or protrusions which act as a locking device. Both partial collar (1312) and front tab (1310) may be plastically deformable but is preferably elastically deformable. The protrusions provide opposing forces upon insertion into the skull to produce a friction fit which secures the device in the patient. Partial collar (1312) may essentially circumscribe any predetermined percentage of the circumference of post (1304), provided that a sufficient fit is produced.

On page 35, please replace the paragraph beginning on line 14 with the following:

Aside from varying locking mechanisms, the flexibility of the post may be varied as well. As mentioned above, cavities may be disposed within the post to increase the post flexibility. Figure 18A shows a back view of a variation of the cavity from Figure 13B. As seen in Figures 18B and 18C, post (1800) is similar in most respects to the post shown in Figure 13B. Post (1800) is illustrated extending from backing (1806), which is partially shown merely for clarity, with front tab (1802) and partial collar (1804). However, Figure 18A shows a single axial cavity (1900) disposed within and extending from a proximal end of post (1800). Figure 19A shows a perspective view of post (1800) from Figures 18A-18C where axial cavity (1900) is axially disposed within post (1800) and extends partially through. Cavity (1900) may extend through post (1800) perpendicularly to backing (1806) and concentrically along an axis defined by post (1800), but it may also extend off-axis and at an angle, as shown in Figure 13E. Furthermore, cavity (1900) may also extend entirely through post (1800) as a through-hole. Figure 19B shows the cross-section 19B-19B taken from Figure 18B clearly showing cavity (1900) extending partially into post (1800).

On page 39, please replace the paragraph beginning on line 14 with the following:

Figures 24A-24D show a variation on the brow lift device backing. Figures 24A-24B show a top and side view of a device which is similar in many aspects to the device as shown in Figures 13A-13C. The device comprises supportive backing (2400), post (2406), proximal cavity (2408), and attachment points (2402). However, this variation also comprises an additional leading attachment point (2404). This leading attachment point (2404) may be incorporated as a redundancy to ensure tissue adhesion should the other attachment points (2402) slip or tear from the scalp tissue. Figure 24C shows a perspective view of the device with leading attachment point (2404). And Figure 24D shows a view of cross-section 24D-24D from Figure 24A. Proximal cavity (2408) is clearly seen to extend partially into post (2406); but post (2406) may incorporate other cavities and configurations as discussed above.

On page 41, please replace the paragraph beginning on line 10 with the following:

Figures 28A-28C shows top, side, and perspective views of a further variation for supportive backing (2600). This variation illustrates latched post (2800) having beveled latch (2802) which may be similar to the latching device shown in Figure 21. Figure 28D shows a view of cross-section 28D-28D taken from Figure 28A. The latched post (2800) and the configuration of latch (2800) may be seen where latch (2802) is preferably integral with backing (2600).

On page 42, please replace the paragraph beginning on line 18 with the following:

Many of the variations on the brow lift device may be inserted and secured into a patient in a number of ways. One such method involves using an insertion tool of a type shown in Figure 31A. This variation shows a top view of such a tool which may serve several functions. This tool comprises manipulation handle (3100), by which a doctor or surgeon manipulates, for example, the device of Figures 13A-13C. As shown further in Figure 31B, cross-section 31B-31B from Figure 31A, handle (3100) may be hinged by any conventional methods but shown

here as bolt hinge (3104). At a distal end of handle (3100) are grasping members (3102). These grasping members (3102) may generally be designed to have opposing members which may be urged together or apart, i.e., to close or open, as handle (3100) is urged about hinge (3104).

On page 45, please replace the paragraph beginning on line 5 with the following:

Figure 32B also shows a cross-section 32B-32B from Figure 32A. Depressible block (3200) further illustrates depression region (3202), which may be a slight indentation defined in the surface facing away from the patient during insertion. Depression region (3202) may serve as a locator for the optimal region the physician may depress to force depressible block (3200) and contact surface (3206) downward against the tissue and attachment points (1302) in order to set, or pierce, the tissue. Figure 32C shows a close-up cross-sectional view of the distal end of the insertion tool with depression block (3200) inserted. Contact surface (3206) is the surface which ultimately presses the tissue against attachment points (1302) and is preferably relatively parallel with the plane defined by grasping members (3102) and supportive backing (1300) to present the greatest surface area pressing against the tissue. Depressible block (3200) is further preferably configured to slide or run along the same angle,  $\beta$ , at which support block (3106) is set to provide a planar contact surface (3206) to press against the tissue at an optimal angle, which may be at the same or similar angle as attachment points (1302), as discussed above.